

Community Long Term Care  
Scope of Service  
For  
Adult Care Home Services

A. Objective

The objective is to provide assistance with activities of daily living in an alternative, less restrictive, home-like setting for elderly and physically disabled adults who wish to live in the community but who do not have other viable housing options due to physical, emotional, developmental or mental impairments. The service can be provided for a limited or indefinite time period based upon the needs of the participant.

B. Conditions of Participation

1. Agencies desiring to be a provider of Adult Care Home (ACH) Services must have demonstrated experience. An ACH Provider Agency (Provider) is any person or entity who has their own system of foster homes and experience facilitating the placement of individuals for the purposes of foster care or adoption. The adult care home provider agency shall recruit, assess, train and monitor individual ACHs to serve elderly and disabled adults. Experience must include at least three (3) years of administrative experience, one of which must be in the health care field.
2. The Provider must utilize the automated systems mandated by CLTC to document and bill for the provision of services.
3. The Provider must accept or decline referrals from CLTC within two (2) working days. Failure to respond will result in the loss of the referral.
4. The Provider must verify the participant's Medicaid eligibility upon acceptance of a referral and monthly thereafter to ensure continued eligibility. Agencies should refer to the CLTC Services Agency Manual for instructions on how to verify Medicaid eligibility.
5. The Provider may use paperless filing systems. When using electronic filing systems any documentation requiring signatures must be signed prior to scanning. Electronic records must be made available upon request, and agencies must have a reliable back-up system in the event their computer system shuts down.
6. The Provider must agree to reserve a minimum of fifteen percent (15%) of any funds assigned to the Provider by the participant to allow participant to meet personal needs.

C. Definitions

1. Adult Care Home (ACH) – A home that meets the qualifications to have an elderly and/or disabled individual reside with them.
2. Adult Care Home Caregiver – An adult who resides in the ACH; who is unrelated by blood or marriage to the adult recipient of care; who is not legally responsible for the adult recipient of care; and who is the primary caregiver for the adult recipient.
3. Unit of Service – One (1) day in which services are provided in the adult care home by the adult care home caregiver for one adult resident. Room and board is not included as a component of this service.

D. Description of Services to be Provided

Services to be provided include:

1. Support for activities of daily living, e.g.,
  - eating
  - bathing (bed bath, bench shower, sink bath)
  - personal grooming including dressing
  - personal hygiene
  - provide necessary skin care
  - meal planning and preparation
  - assisting participants in and out of bed
  - repositioning participants as necessary
  - assisting with ambulation/locomotion
  - toileting and maintaining continence
2. Home support, e.g.,
  - cleaning
  - laundry
  - shopping
  - home safety
  - errands
3. Provide socialization and a home like environment
4. Monitoring of the participant's condition e.g., the type of monitoring that would be done by a family member such as monitoring temperature, checking pulse rate, observation of respiratory rate, and blood pressure.
5. Monitoring medication (for example, informing the participant that it is time to take medication as prescribed by his, or her, physician)

and as written directions on the box, or bottle, indicate). The caregiver is not responsible for giving the medicine; however, this does not preclude the caregiver from handing the medicine container to the participant.

6. Escort and transportation services when necessary.

#### E. Staffing

1. The Provider must have staff members who provide oversight and monitoring to the caregiver and meet the following educational and training requirements:

- a. A registered nurse(s) (RN) or licensed practical nurse(s) (LPN) who meets the following requirements:
  - i. Currently licensed by the S.C. State Board of Nursing or by a state that participates in the Nursing Compact.
  - ii. At least one (1) year of experience as a RN or LPN in public health, hospital or long term care nursing.
  - iii. Capable of evaluating the caregiver in terms of his or her ability to carry out assigned duties and his/her ability to relate to the participant.
  - iv. Able to assume responsibility for in-service training for caregivers by individual instruction, group meetings or workshops.
- b. Provider will verify nurse licensure and license status at the State Board of nursing website and maintain documentation of licensure in the employee's file.

<http://www.llr.state.sc.us/pol.asp>

2. The caregiver must:
  - a. Be at least 21 years of age, live in the home and have at least one (1) year of experience as a caregiver. Experience can include care of a relative, volunteer work as a caregiver or work in a Nursing Home (NH) or home setting providing similar care.

- b. Demonstrate verbal and written communication skills sufficient to read, write, and communicate effectively with participant and supervisor.
  - c. Use the Care Call IVR system.
  - d. Aid in the activities of daily living to include the ability to lift and/or transfer the participant.
  - e. Follow the care plan with minimal supervision.
  - f. Have a valid driver's license if transporting participants. In addition, the caregiver must provide a copy of their driving record to the Provider and must provide proof of insurance and current vehicle registration each year.
  - g. Complete required training(s).
  - h. Work cooperatively with CLTC, social agencies, medical agencies, Adult Protective Services and others involved with the participant(s).
  - i. Maintain required documentation of services provided.
  - j. Immediately notify the Provider and CLTC case manager regarding a change in the participant's condition.
  - k. Pass competency testing or successfully complete a competency training and evaluation program performed by an RN or LPN prior to providing services to waiver participants. The competency evaluation must contain all elements of the ACH services in Article D. Description of Services in this Scope of Work, Including training on appropriate record keeping, ethics, and interpersonal relationships.
  - l. Complete a minimum of ten (10) hours relevant in-service training per calendar year (The annual ten-hour requirement will be on a pro-rated basis during the caregiver's first year). Documentation shall include topic, name and title of trainer, training objectives, outline of content, length of training, location, and outcome of training.
- 3. ACH Caregivers may be provided through subcontracting arrangements.
  - 4. PPD Tuberculin Test

No more than ninety (90) days prior to employment, all caregivers having direct participant contact shall have a PPD tuberculin skin test, unless a previously positive reaction can be documented. The two-step procedure is advisable for initial testing in those who are new caregivers in order to establish a reliable baseline. [If the reaction to the first test is classified as negative, a second test should be given one to three weeks after the first test. If the second test is classified as negative, the person is considered as being uninfected. A positive reaction to a third test (with an increase of more than 10mm) in such a person within the next few years is likely to represent the occurrence of infection with M. Tuberculosis in the interval. If the reaction to the second of the initial two tests is positive, this probably represents a boosted reaction, and the person should be considered as being infected.]

In lieu of a PPD tuberculin test no more than 90 days prior to becoming a caregiver, a new caregiver may provide certification of a negative tuberculin skin test within the 12 months preceding the date of becoming a caregiver.

Caregivers with reactions of 10mm and over to the pre-employment tuberculin test, those with newly converted skin tests, and those with symptoms suggestive of tuberculosis (e.g., cough, weight loss, night sweats, fever, etc.) regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed, appropriate treatment must be given, and the person must not be allowed to work until declared non-contagious by a licensed physician.

Routine chest radiographs are not required on caregivers who are asymptomatic with negative tuberculin skin tests.

Caregivers with negative tuberculin skin tests shall have an annual tuberculin skin test.

New caregivers who have a history of tuberculosis disease or have had a positive TB test and have had adequate treatment shall be required to have certification by a licensed physician or local health department TB staff (prior to employment and annually) that they are not contagious. Regular caregivers who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician or local health department TB staff, and must not resume participant care until they have been declared non-contagious.

Preventive treatment should be considered for all infected caregivers having direct participant contact who are skin test positive but show no symptoms of tuberculosis. Routine annual chest radiographs are not a

substitute for preventive treatment. Caregivers who complete treatment, either for disease or infection, are exempt from further routine radiographic screening, unless they develop symptoms of tuberculosis. Caregivers who do not complete adequate preventive therapy should have an annual assessment for symptoms of tuberculosis.

Post exposure skin tests should be provided for tuberculin negative caregivers within twelve (12) weeks after termination of contact to a documented case of infection.

Agencies needing additional information should contact the Tuberculosis Control Division, Department of Health and Environmental Control, 1751 Calhoun Street, Columbia, S.C. 29201 (phone (803) 898-0558).

5. Individual records must be maintained by the Provider to document that each staff member has met all staffing requirements.
6. A criminal background check is required for all potential caregivers who will provide direct care to CLTC participants and Provider administrative/office employees. Office employees required to have background checks include: administrator, office manager, supervisor, and persons named on organizational chart in management positions. At a minimum, the criminal background check must include statewide data. Potential caregivers and employees with felony convictions within the last ten (10) years cannot provide services to CLTC participants or work in an administrative/office position. Potential caregivers and employees with non-violent felonies dating back ten (10) or more years can provide services to CLTC participants under the following circumstances:
  - Participant/responsible party must be notified of the caregiver's criminal background

Documentation signed by the participant/responsible party acknowledging awareness of the caregiver's criminal background and agreement to have the caregiver provide care must be placed in the participant record. Potential administrative/office employees with non-violent felony convictions dating back ten (10) or more years can work in the Provider at the Provider's discretion.

Hiring of employees with misdemeanor convictions will be at the Provider's discretion.

Caregivers with misdemeanor convictions can be approved at the Provider's discretion.

7. The Providers must check the Certified Nursing Assistant (CNA) registry and the Office of Inspector General (OIG) exclusions list for all caregivers. Anyone appearing on either of these lists is not allowed to provide services to Waiver participants or participate in any Medicaid funded programs. The website addresses are listed below:

CNA Registry:

[https://www.asisvcs.com/services/registry/search\\_generic.asp?CPCat=0741NURSE](https://www.asisvcs.com/services/registry/search_generic.asp?CPCat=0741NURSE)

OIG Exclusions List: <http://www.oig.hhs.gov/fraud/exclusions.asp>

#### F. Conduct of Service

The Provider must maintain documentation showing that it has complied with the requirements of this section.

1. The Provider must obtain a Service Plan and Authorization for ACH services from the CLTC case manager (CM). The CLTC Service Plan will designate the services to be provided to the participant. The Provider will receive an updated CLTC Service Plan from the CM yearly or more frequently as needed.
2. The Provider must adhere to those duties which are specified in the Service Plan in developing the caregiver task list. This caregiver task list must be developed by an RN or LPN. This documentation will be maintained in the participant files. No skilled services may be performed by a caregiver except as allowed by the Nurse Practice Act and prior approved by a licensed physician.
3. As part of the conduct of service, Adult Care Home services must be provided under the supervision of an RN or LPN meeting all listed qualifications in Section D1.c and who will:
  - a. Visit the Adult Care Home prior to or within one day of the participant's arrival at the home. This visit must be recorded in Care Call from the home at the time of the visit. The purpose of this visit is to:
    - i. review the Service Plan/Authorization and develop a task list for the caregiver,
    - ii. give the participant written information regarding advanced directives,
    - iii. inform participants of their right to complain about the

quality of Adult Care Home services provided.

The supervisor will give participants information about how to register a complaint.

- b. Be accessible by phone between the hours of 8:30 a.m. and 5:00 p.m. Monday through Friday.
  - c. Provide and document supervision of, training for, and evaluation of caregivers.
  - d. Make a supervisory visit to the ACH within thirty (30) days after the service is initiated.
  - e. After the thirty (30) day supervisory visit, make a supervisory visit to the ACH at least every four (4) months. Four (4) month supervisory visit must be conducted by the end of the fourth month. Supervisory visits, including the initial visit, must be documented in the participant record and recorded in Care Call from the ACH at the time of the visit. The supervisor's report of the on-site visits must include, at a minimum:
    - i. Documentation that services are being delivered consistent with the Service Plan/Authorization;
    - ii. Documentation that the participant's needs are being met;
    - iii. Reference to any complaints which the participant has lodged;
    - iv. A brief statement regarding any changes in the participant's service needs; and,
    - v. Supervisor's original signature and date. Signature stamps are not acceptable.
  - f. Assist caregiver as necessary in providing services as outlined by the Service Plan/Authorization. Any supervision given must be documented in the individual participant's record and in Care Call.
4. Documentation of all supervisory visits must be filed in the participant's record within fifteen (15) days of the date of visit.

In addition to the every four (4) month supervisory visit requirement, supervisors must conduct visits in the following circumstances:



- i. Indications of substandard performance
  - ii. Complaints against caregiver
  - iii. When injury to participant has occurred
  - iv. When there are changes in participant's condition
- 5. The Provider must maintain an individual participant record which documents the following items:
  - a. The Provider will initiate services on the date negotiated with the CLTC CM and indicated on the Medicaid authorization. Services must not be provided prior to the authorized start date and must be provided according to the schedule as indicated on the Authorization.
  - b. The Provider will notify the CLTC CM within two (2) working days of the following:
    - i. Participant is institutionalized, dies or moves out of the adult care home.
    - ii. Participant no longer wishes to receive services.
    - iii. Knowledge of the participant's Medicaid ineligibility or potential ineligibility.
    - iv. Major change in participant's condition
    - v. Complaints
    - vi. Incidents such as falls, etc.
  - c. The Provider will maintain a record keeping system which documents:
    - i. The delivery of services in accordance with the CLTC Service Plan. The task sheet must be reviewed, signed, with original signature (signature stamps are not acceptable), and dated every two weeks by the supervisor. Task sheets must be filed in the participant's record within 30 days of service delivery.
    - ii. All active participant records must contain at least two (2) years of documentation to include task sheets, service plans, authorizations, supervisory visit documentation, any complaints, etc. Per Medicaid policy all records must be retained for at least five (5) years.

**G. Provider Requirements**

1. The Provider must have demonstrated experience in recruiting, training and monitoring caregivers or adult care home caregivers.
2. The Provider must enroll as a Medicaid provider.
3. The Provider must recruit adult care home caregivers, assess and approve the adult care home in accordance with the waiver standards.
4. The Provider must maintain a file for each adult care home.
5. The Provider must document compliance with standards established for ACHs.
6. The Provider must coordinate and/or provide orientation, competency training, testing and evaluation, and continuing education for approved adult care homes, staff and caregivers. The Provider must maintain documentation of training received including the dates and contents.
  - a. If Competency Training and Evaluation is performed by an LPN, the LPN must be supervised by an RN and report all competency evaluation results to the RN supervisor. The LPN and the supervising RN, as a confirmation of the delegation of this responsibility, must sign and date the form in addition to the LPN. All signatures must be original, signature stamps are not acceptable.

Proof of the competency evaluation must be recorded in the caregivers file within thirty (30) days of the date of the evaluation. The Division of CLTC has developed a form called "Competency Evaluation Documentation" form which can be used to document the competency evaluation.
  - b. Topics for specific in-service training may be mandated by CLTC. In-service training may be furnished by the supervisor while the caregiver is furnishing care to the participant. Additional training may be provided as deemed necessary by the Provider. Any self study training programs must be approved for content and credit hours by CLTC prior to being offered and may not exceed six of the ten in-service annual training hours. The Provider must submit proposed program(s) to the CLTC Central Office at least forty-five (45) days prior to the planned implementation.
7. The Provider must monitor the adult care home for continued compliance with standards and monitor the placement of individuals in the home.

8. The Provider shall work with CLTC and adult care homes to match a participant with a caregiver. Prior to placement, CLTC will work with the Provider, and participant and/or responsible party to develop the participant's service plan.
9. The Provider must provide alternate placement when it has determined that the current placement is no longer available. When the caregiver is not in the home, there shall be an individual onsite who shall represent the caregiver, and be capable of assuming the responsibility of caregiver. This person must meet the same requirements as the caregiver.
10. The Provider may serve as the participant's representative payee if needed, maintain a separate account for the participant, and pay the caregiver room and board.
11. Provide on-going support for the participant and caregiver, and oversight and monitoring of the placement.
12. The Provider will maintain a copy of the caregivers driving record, annual proof of insurance and current vehicle registration in the caregiver's file.

#### **H. Administrative Requirements**

1. The Provider must inform CLTC of the Provider's organizational structure including the Provider personnel with authority and responsibility for employing qualified personnel, ensuring adequate staff education, in-service training and employee evaluations. The Provider shall notify SCDHHS within three (3) working days in the event of a change in or the extended absence of the personnel with the above listed authority.
2. The Provider must provide SCDHHS, upon request, a written document showing the organization, administrative control and lines of authority for the delegation of responsibility. The document should include an organizational chart including names of those currently in the positions. Revisions or modifications to this organizational document must be provided to SCDHHS.
3. Administrative and supervisory functions shall not be delegated to another agency or organization.
4. In accordance with Article IX, Section E Proof of Insurance), the Provider shall provide a Certificate of Insurance listing SCDHHS as a certificate holder on all insurance policies required under Article IX, Section D. The address for SCDHHS as the Certificate Holder is Post Office Box 8206, Columbia, SC 29202-8206.

5. The Provider will develop and maintain a Policy and Procedure Manual that describes how activities will be performed in accordance with the terms of the requirements of the contract. The Policy and Procedure Manual shall be available during office hours for the guidance of the governing body and personnel and will be made available to SCDHHS upon request.
6. The Provider must comply with Article IX, Section Z of the Contract regarding safety precautions. The Provider must also have an on-going infectious disease program to prevent the spread of infectious diseases among its caregivers and employees.
7. The Provider shall ensure that key Provider staff are accessible during compliance review audits conducted by SCDHHS and/or its agents.
8. The Provider will ensure that its office is open and staffed by qualified personnel during the hours of 10:00 am to 4:00 pm., Monday through Friday. Outside of these hours, the Provider must be available by telephone from 8:30 am to 5:00 pm, Monday through Friday. The Provider must also have a contact number for emergencies occurring outside of these hours.
9. Participant, caregiver and personnel records must be maintained at the address indicated in the contract and must be made available, upon request, for review by SCDHHS.

Effective: March 1, 2010